

CLAIMS ONLY

Application Number 2-2-1

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | 1 | | | |
| 2 | | | | 1 | | |
| 3 | | | | 1 | | |
| 4 | | | | 1 | | |
| 5 | | | | 1 | | |
| 6 | | | | 1 | | |
| 7 | | | | 1 | | |
| 8 | | | | 1 | | |
| 9 | | 2 | | 2 | | |
| 10 | | | | 1 | | |
| 11 | | | | 1 | | |
| 12 | | | 1 | 1 | | |
| 13 | 1 | | 1 | | | |
| 14 | | | | | | |
| 15 | | 1 | | 1 | | |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | 1 | | |
| 19 | | | | 1 | | |
| 20 | | | | 1 | | |
| 21 | | | | 1 | | |
| 22 | | | | 1 | | |
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| Total Indep | 2 | | 2 | | | |
| Total Depend | 20 | | 19 | | | |
| Total Claims | 22 | | 21 | | | |